

# **CITY OF MIAMI BEACH RETIREE HEALTH BENEFITS**

(excluding Police Officers and Fire Fighters)

## **WHO IS ELIGIBLE?**

Employees enrolled in the Miami Beach Employees Retirement Plan with five (5) years of regular, full-time City employment and employees enrolled in the 401(b) Defined Contribution Retirement Plan with ten (10) year of regular, full-time City employment are eligible for retiree health benefits upon their retirement. In addition, you may elect coverage for your eligible dependents. Proof of dependency will be required prior to the enrollment of a dependent in the medical or dental plans. Eligible dependents include your

- legal spouse
- unmarried children or stepchildren (stepchildren must reside in your home) to age 19, or to age 25 if they are full time students
- domestic partner (to elect domestic partner coverage, your domestic partner must be registered with Human Resources Employee Benefits.)

Proof of dependency includes; marriage certificate or marriage license, birth certificate, adoption certificate, court ordered guardianship, or copy of divorce decree indicating parent responsible for coverage.

Under no circumstances shall a dependent mean a grandchild, great-grandchild or emancipated minor including where the grandchild, great grandchild or emancipated minor meets all of the qualifications of a dependent as determined by the Internal Revenue Service.

## **WHAT IS THE CITY'S CONTRIBUTION TO THE COVERAGE?**

Employees hired prior to March 18, 2006

- the City contributes fifty percent of the monthly premium cost for retiree health benefits.

Employees hired after March 18, 2006

- the City provides a contribution of \$10 per year of creditable service, to a maximum of \$250 per month until age 65; and \$5 per year of creditable service up to a maximum of \$125 per month thereafter for retiree health benefits. This contribution continues during the lifetime of the retired employees and will cease upon the retired employee's death.

Those who retire after March 18, 2006 and intend to participate in the City group health insurance plan must make a one-time, irrevocable written election, prior to their termination of City employment, to continue to participate in the City's retiree health benefits. Should the employee decline participation, or discontinues or is discontinued from coverage, they may resume coverage, paying the full premium costs, with no City contribution toward the cost of coverage.

## **MEDICAL PLAN OPTIONS**

Eligible retirees and their dependents may elect coverage in any of the Humana medical plan options available. Keep in mind, limitations for pre-existing conditions will apply if you elect coverage in the HMO, POS or PPO plans if you are not currently enrolled in a City plan. However, if you provide "Certification of Individual Health Insurance Coverage" showing that you or your dependent(s) is currently covered by a health plan, and had continuous coverage for the previous 18 months, the pre-existing condition limitation will not apply.

Proof of dependency will be required prior to the enrollment of a dependent in the medical plans. Proof of dependency includes: marriage certificate or marriage license, birth certificate, adoption certificate, court ordered guardianship, or copy of divorce decree indicating parent responsible for coverage.

To locate an HMO, PPO or POS Network provider in your area log on to [www.humana.com](http://www.humana.com), click on Members, then Provider Search, then Physician/Specialist. Don't have internet access? Call Humana at 1-800-448-6262. Phone representatives are available to help you locate network providers in your area.

## MEDICARE PART D – As a Medicare eligible Retiree, do I need to enroll?

If you or your dependent are eligible for Medicare and have elected coverage under any of the medical plan options provided by the City you are not required to make an election for Medicare Prescription coverage at this time. The prescription coverage provide to you through your Humana HMO, PPO, or POS plan qualifies as creditable coverage allowing you to defer your Medicare Prescription election to a later date, without incurring a premium penalty.

### 2010 Retiree Monthly Premiums

#### Medical

2010 Medicare Part B Premium \$96.40 (City pays 50% Retiree pays 50% = \$48.20)

	2009 Monthly Premium	2010 Monthly Premium
<b>Premium HMO</b>		
Pre-Medicare Retiree Only	\$271.91	\$298.19
Pre-Medicare Retiree + Pre-Medicare Dependent(s)	\$673.97	\$739.32
One Pre-Medicare & One Medicare Dependent	\$271.91	\$298.19
<b>Standard HMO</b>		
Pre-Medicare Retiree Only	\$190.21	\$181.69
Pre-Medicare Retiree + Pre-Medicare Dependent(s)	\$471.44	\$450.55
One Pre-Medicare & One Medicare Dependent	\$190.21	\$181.69
<b>POS</b>		
Pre-Medicare Retiree Only	\$303.00	\$331.96
Pre-Medicare Retiree + Pre-Medicare Dependent(s)	\$751.82	\$823.87
Medicare Retiree Only	\$187.14	\$210.27
One Pre-Medicare & One Medicare Dependent	\$481.31	\$534.25
One Medicare and 2 Pre-Medicare	\$730.83	\$805.21
Medicare Retiree and Medicare Spouse	\$422.48	\$470.35
Medicare Retiree and Medicare Spouse + Pre-Medicare Dependents	\$564.04	\$624.09
<b>Premium PPO</b>		
Pre-Medicare Retiree Only	\$546.20	\$596.07
Pre-Medicare Retiree + Pre-Medicare Dependent(s)	\$1,340.07	\$1,462.71
Medicare Retiree Only	\$369.60	\$408.43
One Pre-Medicare & One Medicare Dependent	\$891.87	\$980.11
One Medicare and 2 Pre-Medicare	\$1,129.61	\$1,238.29
Medicare Retiree and Medicare Spouse	\$787.41	\$866.66
Medicare Retiree and Medicare Spouse + Pre-Medicare Dependents	\$1,025.17	\$1,124.87
<b>Standard PPO</b>		
Pre-Medicare Retiree Only	\$371.75	\$352.35
Pre-Medicare Retiree + Pre-Medicare Dependent(s)	\$912.09	\$864.76
Medicare Retiree Only	\$236.18	\$222.01
One Pre-Medicare & One Medicare Dependent	\$591.63	\$560.63
One Medicare and 2 Pre-Medicare	\$753.45	\$712.74
Medicare Retiree and Medicare Spouse	\$520.43	\$493.80
Medicare Retiree and Medicare Spouse + Pre-Medicare Dependents	\$682.35	\$645.91

## Dental Plan Options

Eligible retirees and their dependents may elect coverage in any of two MetLife plan options available, the Dental HMO or the Dental PPO.

Proof of dependency will be required prior to the enrollment of a dependent in the dental plans. Proof of dependency includes: marriage certificate or marriage license, birth certificate, adoption certificate, court ordered guardianship, or copy of divorce decree indicating parent responsible for coverage.

### 2010 Retiree MetLife Dental Plan Premiums

<b>MetLife DHMO</b>			
Retiree Only	\$5.18		\$4.16
Retiree and 1 Dependent	\$9.67		\$7.29
Family	\$12.55		\$11.45
<b>MetLife PPO</b>			
Retiree Only	\$12.29		\$14.14
Retiree and 1 Dependent	\$23.69		\$27.24
Family	\$36.30		\$41.60